

**TRIAL STUDY
EMT-I ADVANCED SCOPE OF PRACTICE
NAPA COUNTY EMS AGENCY
ANGWIN COMMUNITY AMBULANCE SERVICE**

TREATMENT PROTOCOLS

- I. EMT-I's using the advanced scope of practice are instructed to contact the Base Hospital as soon as possible after initiating any standing orders.
- II. EMT-I's using the advanced scope of practice should also document on the patient care report form any treatment initiated on standing orders.
- III. Definitions:
 - ✍ SO = Standing Order
 - ✍ BH = Base Hospital order
 - ✍ Pediatric patient = any patient less than 40 kg.
- IV. Administration of medications (except oral glucose) by EMT-I's using the advanced scope of practice will require Base Hospital orders. Base Hospital orders may be changed to Standing Orders, at the discretion of the Medical Director, as the trial study progresses (BH/SO).
- V. If EMT-I's, using the advanced scope of practice, are unable to contact the Base Hospital by either radio or telephone, they may follow the Standing Orders (SO) Protocol.
- VI. When this disruption or non-contact situation occurs, EMT-I's shall fill out a Communications Failure Report. The report shall be attached to the completed Prehospital Care Report (PCR) before leaving the hospital.

ALLERGIC REACTION / ANAPHYLAXIS

CRITERIA

Apparent allergic reaction with wheezing, threatened airway, hypotension or shock.

PROTOCOL

1. Personal Protective Equipment.
2. Institute and/or maintain BLS procedures.
3. BH/SO Epinephrine (1:1,000) 0.3 mg SQ.
4. BH/SO Albuterol 2.5 mg in 3 ml NS via hand-held nebulizer for wheezing.
5. BH/SO May repeat Epi (1:1,000) 0.3 mg SQ every 5 minutes and/or Albuterol, by continuous nebulization, as needed.

PEDIATRIC DOSE (use Broselow Tape)

- BH/SO Epinephrine (1:1,000) .01 mg/kg (up to 0.3 mg) SQ.
- BH/SO Albuterol 2.5 mg in 3 ml NS via hand-held nebulizer or blow-by mask nebulizer.

ALTERED MENTAL STATUS

CRITERIA

Unresponsive (comatose), slow to respond (obtunded), responds with unintelligible sounds, inappropriate words, confusion and/or agitation.

PROTOCOL

1. Personal Protective Equipment
2. Institute and/or maintain BLS procedures.
3. SO Obtain blood by finger stick and analyze blood sample via glucometer.

FOR SUSPECTED HYPOGLYCEMIA

1. BH/SO Glucagon 1 mg IM if blood sugar level < 80 or unobtainable (if patient presents with altered mental status and unable to swallow.

SO If patient has blood sugar level < 80 but is alert and can swallow, give oral glucose, 15 Gm in gel solution (prepackaged, single dose).

PEDIATRIC DOSE

BH/SO Glucagon 0.5 ml IM < 1 year of age

 Glucagon 1.0 ml IM \geq 1 year of age.

CARDIOPULMONARY ARREST (NON-TRAUMATIC)

CRITERIA

Confirmed unconscious, no n-breathing and pulseless, = 40 kg.

PROTOCOL

1. Personal Protective Equipment
2. Refer to Determination of Death in the Field policy - if appropriate.
3. Institute and/or maintain BLS procedures.
4. SO Apply AED and perform defibrillation as indicated.
5. SO Insert Combitube.
6. Transport after defibrillation and airway control.

CHEST PAIN (SUSPECTED CARDIAC ORIGIN)

CRITERIA

Typical symptoms of cardiac pain: “pressure,” or, “squeezing” pain, with or without radiation to arms or jaw. Patient may or may not have associated signs and symptoms of shortness of breath, nausea/vomiting, diaphoresis, dizziness.

PROTOCOL

1. Personal Protective Equipment
2. Institute and/or maintain BLS procedures.
3. Immediate transport.
4. BH/SO Nitroglycerine 0.4 mg metered dose oral spray for pain q 5 min as long as B/P remains ≥ 120 mm Hg systolic.
5. BH/SO 2 chewable, non-enteric coated, baby aspirin (81 mg each tab X 2 tabs = 162 mg total dose).

NEAR DROWNING / DROWNING

CRITERIA

Obvious.

PROTOCOL

1. Personal Protective Equipment.
2. Institute and/or maintain BLS procedures, with spinal immobilization if appropriate.
3. If full arrest, begin CPR per protocol. If respiratory arrest with pulse, begin ventilation.
4. SO Insert Combitube.
5. If pt. has spontaneous respiration and is conscious:

BH/SO Albuterol 2.5 mg in 3 ml NS via hand-held nebulizer for wheezing.

PEDIATRIC DOSE

BH/SO Albuterol 2.5 mg in 3 ml NS via hand-held nebulizer or blow-by mask nebulizer.

POISONING / OVERDOSE

CRITERIA

Exposure through inhalation, ingestion, absorption, or injection of medication or foreign substance (If able to do so safely, bring all suspected materials to ED).

PROTOCOL (general)

1. Personal Protective Equipment
2. External decontamination of patient if appropriate.
3. Institute and/or maintain BLS procedures.

INGESTED AGENT

1. Personal Protective Equipment
2. External decontamination of patient.
3. Institute and/or maintain BLS procedures.
4. BH Consider Activated Charcoal 50 gm PO if patient is awake, alert and able to swallow, and not more than one hour has elapsed since ingestion.

POISONING/OVERDOSE continued

OPIATES

Treat only for inadequate respiration: <12 per minute.

1. Personal Protective Equipment.
2. Institute and/or maintain BLS procedures.
3. SO Naloxone 2.0 mg IM. May repeat as needed.

PEDIATRIC DOSE (use Broselow Tape)

- BH Activated charcoal 1 gm/kg, if pt. is awake and alert, able to swallow. Only treat with activated charcoal within one hour of ingestion.
- SO Naloxone 0.1 mg/kg (maximum 2.0 mg). May repeat as needed.

POISONING (ORGANOPHOSPHATE)

CRITERIA

Exposure to insecticides (obtain name of chemical), altered mental status, bradycardia, and/or “MUDDLES”:

M—Miosis
U—Urination
D—Defecation
D—Diaphoresis
L—Lacrimation
E—Emesis
S—Salivation

PROTOCOL

1. Personal Protective Equipment.
2. Protect self from exposure.
3. Consider HAZMAT alert.
4. External decontamination of patient.
5. Institute and/or maintain BLS procedures.

RESPIRATORY DISTRESS

CRITERIA

Shortness of breath or difficulty breathing.

PROTOCOL

1. Personal Protective Equipment
2. Institute and/or maintain BLS procedures.

UNCONSCIOUS WITH APNEA/INEFFECTIVE RESPIRATIONS

1. Personal Protective Equipment
2. Institute and/or maintain BLS procedures.
3. SO Insert Combitube

RESPIRATORY DISTRESS SUSPECTED CARDIAC (CHF) ETIOLOGY

1. Personal Protective Equipment
2. Institute and/or maintain BLS procedures.
3. BH/SO Albuterol 2.5 mg in 3 ml NS via hand-held nebulizer, continue as needed.
4. BH/SO Nitroglycerine 0.4 mg metered dose oral spray for relief q 5 min. as long as B/P remains \geq 120 mm Hg systolic. If BP drops, transport immediately.

RESPIRATORY DISTRESS continued

RESPIRATORY DISTRESS WITH BRONCHOSPASM (SUSPECTED ASTHMA, COPD, TOXIC SUBSTANCE [SMOKE, GAS] INHALATION)

1. Personal Protective Equipment
2. Institute and/or maintain BLS procedures. (Never withhold oxygen from COPD patient).
3. BH/SO Albuterol 2.5 mg in 3 ml NS via hand-held nebulizer. May continue treatment for distress as needed.
4. BH/SO Epinephrine (1:1,000) 0.3 mg SQ (if patient is over 50 years old, must consult Base Physician before administration of epinephrine).

PEDIATRIC DOSE (use Broselow Tape)

- BH/SO Albuterol 2.5 mg in 3 ml NS via blow-by mask nebulizer or hand-held nebulizer. May continue nebulizer treatment for severe distress as needed.
- BH/SO Epinephrine (1:1,000) 0.01 mg per kg SQ to a maximum of 0.3 mg if child is unable to cooperate with inhaled Albuterol nebulizer treatment or child's respiratory status deteriorates.